

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025571

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

316

Primary Registration District No.

Registrar's No.

275

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		c. CITY OR TOWN Bonne Terre	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt # 1		d. STREET ADDRESS (If outside, give location) Rt # 1	
3. NAME OF DECEASED (Type or print) First Middle Last Lottie Zell McCarty		4. DATE OF DEATH Month Day Year June 21, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 25, 1907 = 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St Francois County Mo.
13a. FATHER'S NAME Noah J Meyer		13b. MOTHER'S MAIDEN NAME Molly Griffin	14. NAME OF HUSBAND OR WIFE Howard McCarty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. 17. INFORMANT Shirley Eaton, 306 Perrine	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sodium Fluoride Poisoning		INTERVAL BETWEEN ONSET AND DEATH Unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Rt #2, Bonne Terre St Francois Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ ABOUT 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ted Boyer, Coroner		22b. ADDRESS Bonne Terre, Mo.	22c. DATE SIGNED 7-1-1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jun 25, 1963	23c. NAME OF CEMETERY OR CREMATORY Hillview Mem Gradens	23d. LOCATION (City, town, or county) Farmington, Mo.
24. FUNERAL DIRECTOR, C.Z. Boyer & Son Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. July 1, 1963	26. REGISTRAR'S SIGNATURE E. R. Redloff

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burton T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.